

Action Plan for State

PRIORITY ONE: Universal Screening and Assessment Tools for COD						
Strategy(-ies)	Action(s)	Manager ¹	Implementer ²	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Strategy 1.1 Identify 3 Screening and 3 assessment tools	Action 1.1.1 Reconvene the Screening and Assessment Sub-Committee to review current instrument list	Jean Rush	Screening & Assessment Sub-Committee	Instrument list	Instrument Identification; and Consensus recommendations	November/2005
	Action 1.1.2 Update the CODAC committee on the instrument recommendations	Screening & Assessment Sub-Committee Members	Screening and Assessment Sub-Committee	CODAC review and support	Presentation of the instrument list.	December/2005
	Action 1.1.3 CODAC will recommend 3 screening and 3 assessment instruments to The Office of the Governor’s Behavioral Health Task Force	CODAC	Department of Health (DOH) & Department of Public Welfare (DPW)(OMHSAS)	Statewide utilization of standardized screening & assessment instruments	The Office of the Governor’s Behavioral Health Task Force Consensus/support	March/2006
Strategy 1.2 Review the Screening Instrument for Initial Placement (SIIP), the initial 28 page co-occurring assessment instrument developed specifically for co-occurring pilot sites, based on the input obtained from the pilot providers who have utilized the instrument for the past three years.	Action 1.2.1 Conduct focus groups in two of the four counties that have utilized the SIIP	Cynthia Zubritsky University of Pennsylvania	Cynthia Zubritsky	Determine usefulness of COD Assessment Instrument	Completion of information gathering	November/2005
	Action 1.2.2 Develop and implement a survey on the utilization of the SIIP in pilot counties; Analyze the survey results.	Cynthia Zubritsky University of Pennsylvania	Cynthia Zubritsky	Determine usefulness of COD Assessment Instrument	Completion of information gathering	January/2006
	Action 1.2.3 Involve recovery community in giving feedback on the use of the SIIP.	Pa Recovery Organization Alliance (PRO-A) & Pa Mental Health Consumer’s Association (PMHCA)	Cynthia Zubritsky	Determine usefulness of COD Assessment Instrument	Completion of information gathering	January/2006
	Action 1.2.4 Consider the SIIP as an appropriate assessment instrument as well as other instruments	Cynthia Zubritsky University of Pennsylvania	Work Group	Standard COD Assessment Instrument Utilization	Standard COD assessment instrument Consensus	March/2006

	Action 1.2.5 Review national instruments and research. Get input from national leaders.	OMHSAS & DOH	Cynthia Zubritsky & Work Group	Standard COD Assessment Instrument Research Completed	Stakeholder consensus on utilization of a standard COD assessment instrument	May/2006
	Action 1.2.6 Design training	DOH & OMHSAS	Cynthia Zubritsky	Standardized training for instrument use	Statewide training process	March/2007
Strategy 1.3 Implementation – Development of Statewide Policies and Procedures for universal co-occurring screening and assessment process.	Action 1.3.1 Identify funding resources to support Co-Occurring instrument implementation	DOH & OMHSAS	The Office of the Governor’s Behavioral Health Task Force	Funding to support instrument implementation	Identify potential funding source	January/2007
	Action 1.3.2 Engage and involve recovery community for input (consumer satisfaction, focus groups, advocacy)	PRO-A & PMHCA	DOH & OMHSAS	Consumer Satisfaction and Support for instrument implementation	Consensus for instrument implementation	January/2007
	Action 1.3.3 Develop statewide policies and procedures for Co-occurring instrument implementation	DOH & OMHSAS	DOH & OMHSAS and County partnership	Statewide COD instrument implementation	Policy development	Ongoing/2007
	Action 1.3.4 Kick off (e.g., bulletin, provider alert, general meetings, specialty meetings, conferences)	DOH & OMHSAS	DOH & OMHSAS, County, MCO and Provider partnership	Statewide Implementation	Information dissemination	Ongoing/2007
	Action 1.3.5 Utilize existing infrastructures to deliver training	DOH & OMHSAS	DOH, OMHSAS, Drexel University and IRETA	Statewide Implementation	Regional training opportunities	Ongoing/2007
	Action 1.3.6 Ongoing monitoring of statewide implementation	DOH & OMHSAS	DOH & OMHSAS	Instrument utilization	Ongoing quality assurance monitoring	Ongoing/2007
	Action 1.3.7 Maintain constant and ongoing dialog within departments, programs outside of MH/SA	DOH & OMHSAS	The Office of the Governor’s Behavioral Health Task Force	Comprehensive consistent COD screening & assessment process	Boundary spanning activities	Ongoing/2007

PRIORITY TWO: Service Integration: Co-Occurring Disorder Competent Approval Criteria						
Strategy(-ies)	Action(s)	Manager	Implementer	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Strategy 2.1 Implement a statewide certification/ approval process for Co-Occurring Disorder Competent Facilities	Action 2.1.1 Revise bulletin based on stakeholder comment	Robert Primrose	Provider Approval Sub-committee	Co-occurring Competence provider certification	Draft Bulletin	November/2005
	Action 2.1.2 Conduct training of MH/SA field staff on the application of the bulletin	DOH & OMHSAS	Drexel University	Training curriculum for licensing staff	Development of training curriculum; Implementation with selected staff	January/2006
	Action 2.1.3 Provide pilot site training on draft Bulletin	DOH & OMHSAS	Drexel University	Certified COD Competent Programs	Regional pilot sites selected and trained	January/2006
	Action 2.1.4 Pilot Bulletin criteria in voluntary selected areas/regions	DOH & OMHSAS	Policy/Licensing Staff	Certified COD Competent Programs	Increased Access to COD services	January – June/2006
	Action 2.1.5 Pilot programs will have opportunity to provide feedback through Web site, site visits, focus groups.	DOH & OMHSAS	DOH/OMHSAS Policy and Licensing staff; University of Pennsylvania	Final COD Competent criteria	Information gathering; Revisions of criteria	January – Aug/2006
	Action 2.1.6 Service recipients will have the opportunity to provide feedback on COD competent programming	University of Pennsylvania	PRO-A and PMHCA	Finalize COD Competent criteria	Analysis of recipient input.	January – Aug/2006
	Action 2.1.7 Evaluation of all pilot process input	DOH & OMHSAS	Provider Approval Sub-Committee, DOH/OMHSAS staff, University of Pennsylvania, PRO-A and PMHC	Finalize COD Competent criteria	Analysis of Provider, Service Recipient, and Licensing staff input	October/2006

	Action 2.1.8 Revise/Finalize bulletin-subcommittee-legal-internal-Secretaries for signature	DOH & OMHSAS	Provider Approval Sub-committee	Signed COD bulletin Health & Welfare	Complete revisions, legal review, internal department review, and Secretary signature	December/2006
	Action 2.1.9 Provide ongoing training on Bulletin criteria for providers	DOH & OMHSAS	Drexel University and IRETA	Statewide access to Co-occurring Competent Providers	Increase COD program capacity	Ongoing/2007
	Action 2.1.10 Maintain constant and ongoing dialog within departments, programs outside of MH/SA	DOH & OMHSAS	The Office of the Governor's Behavioral Health Task Force	COD infrastructure development	Increase COD program capacity with in the Commonwealth	Ongoing
PRIORITY THREE: Increase Workforce Capacity and Competency to Meet the Needs of the Co-occurring Populations						
Strategy(-ies)	Action(s)	Manager	Implementer	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Strategy 3.1 Encourage the development of a comprehensive plan to address the existing MH/D&A workforce crisis that impacts the ability to train, expand, and retain competent co-occurring professionals within the Commonwealth.	Action 3.1.1 Explore strategies that will expand the workforce (e.g., mentoring, certification, internships, equivalency)	DOH & OMHSAS	The Office of the Governor's Behavioral Health Task Force	Increased workforce competency and capacity	Engage academic partners, professional associations and other State Departments	Ongoing (multi year approach)
	Action 3.1.2 Work with academic partners to develop alternate degree tracks and co-op programs for COD professionals including curriculum development and recruitment activities.	DOH & OMHSAS	The Office of the Governor's Behavioral Health Task Force	Workforce development, retention, and recruitment	Increased workforce capacity	Ongoing (multi year approach)
	Action 3.1.3 Develop career paths through education, experience and training for people in recovery	DOH & OMHSAS	The Office of the Governor's Behavioral Health Task Force	Career opportunities for people in recovery	Increased workforce capacity	Ongoing (multi year approach)
	Action 3.1.4 Develop a comprehensive state plan to provide incentives for workforce development, retention, and recruitment	The Office of the Governor's Behavioral Health Task Force	Multi State Agencies	Permanent workforce infrastructure	Develop a statewide workgroup; Create goals and objectives for the comprehensive plan; Consensus building for plan.	Ongoing (multi year approach)

